





## Shreveport Public Assembly and Recreation RBI Youth T-Ball

Team Entry Form

ENTRY FEE MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED

(Team Entry Deadline April 1, 2014)

SEASON BEGINS April 8, 2014

TEAM NAME:						
AGE CUTOFF: December 31, Previous Year  Must be 5 years old by March 31, Current Year	League: (Check One):	5-7 yrs. TBall 11-12 yrs.				
HEADCOACH NAME:						
ADDRESS:		(Street)	(Apt #)			
		(City)	(Zip Code)			
C/PHONE:	<del></del>	H/PHONE:	W/PHONE:			
EMAIL:						
ASST. COACH NA	AME:					
ADDRESS:		(Street)	(Apt #)			
		(City)	(Zip Code)			
C/PHONE:		H/PHONE:	W/PHONE:			
EMAIL:						
	*Additio	onal coaches may be added c	on attached form.*			
	(1	BYE REQUEST D. Please Prioritize; Cannot Be Co				
BYE DATE: BYE DATE: BYE DATE:		REASON: REASON: REASON:				

## ADDITIONAL COACHES & TEAM PARENTS \*All Coaches and Team Parents must clear a background check\*

ASST. COACH NAME:			_
ADDRESS:	(Street)	(Apt #)	
	(City)	(Zip Code)	
C/PHONE:	H/PHONE:	H/PHONE:	
ASST. COACH NAME:			
<u></u>	(Street)	(Apt #)	
	(City)	(Zip Code)	
C/PHONE:	H/PHONE:	H/PHONE:	
ASST. COACH NAME:			
ADDITEOU.	(Street)	(Apt #)	
	(City)	(Zip Code)	
C/PHONE:	H/PHONE:	H/PHONE:	
ASST. COACH NAME:			
			_
ADDRESS:	(Street)	(Apt #)	
	(City)	(Zip Code)	
C/PHONE:	H/PHONE:	H/PHONE:	
TEAM DADENT NAME.			
C/PHONE:	H/PHONE:		
TEAM PARENT NAME:			
C/PHONE:	H/PHONE:		